

1. OPERATOR NAME exactly as on P-5, Organization Report		2. OPERATOR P-5 NO.		3. RRC DISTRICT NO.	
4. OPERATOR ADDRESS including city, state, and zip code		5. FIELD NAME exactly as on Proration Schedule			
		6. LEASE NAME exactly as on Proration Schedule			
7. HISTORICAL WELLBORE DATE Month / Day / Year <div>Drilling (spud) date of wellbore</div> <div>Earliest completion date in wellbore (if drilling date unknown)</div>		8. OIL LEASE OR GAS ID NO.		9. WELL NO.	
10. DATE TEST PERFORMED		11. BASE OF DEEPEST USABLE-QUALITY WATER (subsurface)		12. COUNTY	
				13. API NO. 42-	
14. TYPE OF TEST. COMPLETE EITHER A. OR B. <div><input type="checkbox"/> A. Annual Fluid Level Test. Top of fluid in wellbore: _____ (give total depth of wellbore if no fluid is encountered) Determined by: <div><input type="checkbox"/> sonic survey</div><div><input type="checkbox"/> wireline</div><div><input type="checkbox"/> visual (to be used only when the top of fluid is visible from surface)</div> <div><input type="checkbox"/> Other; specify _____ Performed by: (name of individual and company)</div></div>		<div><input type="checkbox"/> B. Mechanical Integrity Test. Type of mechanical integrity test performed (check one): <div><input type="checkbox"/> Hydraulic Pressure – cast iron bridge plug/packer depth: _____</div><div><input type="checkbox"/> other: (specify) _____</div> Reason for mechanical integrity test (check one): <div><input type="checkbox"/> Substitute for annual fluid level test</div><div><input type="checkbox"/> Required for well 25 or more years old AND inactive 10 years or more (effective January 1, 1997)</div></div>			
15. OPERATOR REMARKS		16. LOCATION. See Instructions No. 3 section: block: abstract: survey: well – perpendicular surface location from two nearest survey lines: feet from line and feet from line.			
CERTIFICATION. I declare under felony conviction penalties prescribed in Texas Natural Resources Code §91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge; further, I declare to the best of my knowledge, that this well is not 1) polluting or likely to pollute any ground or surface water nor 2) allowing escape of formation fluids from the strata in which they were originally located.					
Signature		Name (print or type)			
Title		Date (_____) Phone (_____) _____			
AUSTIN		RRC USE ONLY		DISTRICT	
<input type="checkbox"/> PENDING. Date forwarded to District for review:		<input type="checkbox"/> APPROVED <div><input type="checkbox"/> number of years mechanical integrity test approved for, if for less than 5 years (from date performed).</div> review by _____ review date _____		<input type="checkbox"/> NOT APPROVED	